Town of Uxbridge
Office of the Building Department
21 South Main Street, Room 203
Uxbridge, MA 01569
Phone # (508) 278-8600 X 5 Fax # (508) 278-0709
Email: dscott@uxbridge-ma.gov

TEMPORARY TENT APPLICATION

DATE: _____

Tent Company Name _____

Address & Phone # _____

_____

Property Owner: _____

Address of Tent: _____

Phone #: _____ Map/Parcel: _____

Date of Function: _____

Number/Size of Tent/s: _____

Capacity: _____

Means of Egress: _____

Fire Extinguisher: _____

Attach a Copy of the Flame Proofing Certificate.

A check payable to the "Town of Uxbridge" in the amount of **$50.00** must accompany your application.

TAX COLLECTOR: Date & Signature _____

For Office Use

Permission is hereby granted for the erection of the above Tent or Tents. Said Tent/s to be installed and erected as specified in NFPA #102 – Standard for Tents.

Date: _____

Permit #_____

_____
Douglas Scott, Inspector of Buildings

Created September 16, 2014